

24th. For the first time, I noticed that the pupils were dilated. Is very restless; picked at the fungns with his fingers.

25th. Very ill; is unable to speak; made an effort to put out his tongue when told to do so. All the voluntary muscles of his body are rigidly contracted. Is still able to swallow. The attending surgeon removed the fungns with the knife; considerable hemorrhage followed, which was arrested with muriated tincture of iron. Death took place at seven o'clock, twenty days after occurrence of accident.

26th. An *autopsy* was made early this morning, twelve hours after death.

The thoracic and abdominal cavities presented nothing abnormal.

The dura mater was much less adherent to the bone than natural. A small piece of glass and spiculæ of bone were found lying just within the brain.

The anterior lobes of both hemispheres were found to have been injured, especially, as had been supposed, the right, which was broken down into a pulsatous mass.

There was abundant evidence of the presence of inflammation in various parts of the brain—a quantity of pus being found at the base of the brain, and a sero-purulent liquid in the fourth ventricle.

The history of the second case, which terminated favourably, is as follows:—

*Fungus Cerebri*.—Dr. JAMES H. HUTCHINSON related the following case:—

Edward Stanley, aged 21 years, a native of England, a seaman by occupation, was brought to the Pennsylvania Hospital early in the morning of May 25th, 1858, with a compound depressed fracture of cranium, caused by an attempt at suicide with a pistol. Upon examination a lacerated wound over right parietal bone was discovered, and by means of a probe a depressed fracture of the bone was distinctly recognized. The bullet had been previously extracted.

The attending surgeon extended the wound, and finding it impossible to elevate the depressed portion, proceeded to the operation of trephining. In the course of the operation the wadding and several small pieces of bone were removed. The edges of the wound were lightly drawn together by means of adhesive strips, and the whole covered with a water dressing. In the evening pulse was 90. No loss of consciousness since his admission. To have gr. x of calomel in divided doses.

May 26. Pulse less frequent; he has had no unfavourable symptoms with the exception of severe headache.

28th. Pulse 65; headache continues. He does not answer immediately when spoken to. Says his mind is like a kaleidoscope, so confused. Bowels moved by sulphate of magnesia.

29th. Pulse was only 45 this morning; it rose to 60 in the evening. He has not slept well since his admission. The attending surgeon prescribed a small dose of sulphate of morphia.

June 1. Wound discharges freely a very offensive pus. Pulse varies in frequency, never rising above 60. Mind seems to be perfectly clear, but patient is indisposed to use it. He was moved to the cells to-day, as there was some indication of a renewed attempt at suicide.

3d. Condition of patient not materially different from that last noted. No bad effects from the morphia. Patient asked for a book to read. At no time has there been retention of urine.

5th. To-day and yesterday the pulse was very much quickened towards evening, and at the same time there were present some of the other symptoms of fever. A small fungus was observed protruding from the wound. No constipation.

6th. Fungus much larger, and is distinctly seen to pulsate. Pulse 48.

7th. In the evening of to-day the fungus grew enormously; the patient displaying more mental hebetude than I have yet noticed.

9th. Fungus has begun to slough.

11th. Fungus has disappeared; general condition of patient good. A nutritious diet and tonics prescribed. Bowels have to be moved artificially.

14th. The tumour seems to be reappearing. Urine had to be drawn off.

27th. The fungus is now about the size of an English walnut. There is no paralysis, but some twitching of the muscles about the mouth. Pupils are very much dilated.

5th. Fungus again sloughing; dressed with a weak solution of chlorinated soda.

7th. Sat out in the yard for a long time this morning. His gait is slow and somewhat unsteady, but not remarkably so. There is also a slight twitching of the muscles of left arm. Bowels are generally constipated.

14th. Pupils are no longer dilated. Wound now dressed with a very weak solution of chloride of zinc.

18th. Several small pieces of bone came away to-day.

August 30. From the date of the last note his convalescence has been rapid, being protracted only by an attack of diarrhoea.

He remained in the hospital long after the end of August, but I find no note made worthy of transcribing. He continued up to the date of his discharge very silly and flighty, but his previous history, and the answers he made to our questions when admitted, led us to suppose that this was not a condition induced by the accident, but was with him the usual one. He was lately seen by one of the nurses of the hospital, who said that his mental condition remained the same. We have not discovered whether he had ever done anything for a livelihood.

1863. Oct. 28. *Fibro-Plastic Tumour of the Dura Mater.*—Dr. H. C. Wood, Jr., exhibited the specimen, and read the following history of the case from which it was derived:—

J. R., a native of Scotland, æt. 53, came into the medical wards of Pennsylvania Hospital May 27th, 1863, with the following history. About eight weeks previously, whilst living at service, she arose one morning before light, and on going down stairs fell and hurt herself considerably, but got up immediately. She then went across a room but fell again on the stairs, and there lay unconscious until assistance was attracted by her moaning. Before this accident, she had been perfectly well and bright. She had not had any symptom of brain disease. No headache, loss of memory, or alteration of disposition. On these points I carefully and repeatedly questioned both herself and friends. She had been subject for at least ten years to violent pain, her employers said, in her right arm.

After her fall she was subject to agonizing pain in the head, constant, or nearly so, but with paroxysmal exacerbations. She had also loss of memory and unnatural irritability of temper combined with a failing of the physical powers. At the time of her entrance into the hospital her condition was as follows: She had marked paralysis of the whole of the left side including the face. It was more pronounced in the upper than